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SUBJECT: OFDA FOOD SECURITY PROGRAM IN SHABUNDA AND
MWENGA, SOUTH KIVU

REF: KINSHASA 452

Summary

1. (U) Over 100,000 Internally Displaced People (IDPs) and returnees in Shabunda and Mwenga have been receiving USAID/OFDA food security assistance since 2003. The program has helped returnees in the southern parts of these territories reestablish their agricultural activities. The program has had limited impact on household food production, especially in the northern parts of the territories, however, due to frequent population displacements. Malnutrition remains high in both territories. Cassava mosaic disease and a new banana disease are quickly spreading throughout the territories and might, if not urgently addressed, jeopardize food security in the area. Future food security assistance programs in the area should thus include distributions of resistant cassava varieties. END SUMMARY

Background

2. (U) This is the second of two communications reporting observations made by USAID/OFDA Rep Victor Bushamuka during a March 22 - 29 visit to South Kivu. One of the objectives of the visit was to assess the USAID/OFDA-funded food security program implemented by Food for the Hungry International (FHI). OFDA Rep visited program beneficiaries and met with local authorities, humanitarian actors, recently displaced people, and local residents in Shabunda and Mwenga territories.

3. (U) Residents of Mwenga and Shabunda territories, situated respectively at 60 miles southwest and 130 miles west of Bukavu in South Kivu province, have consistently been displaced since 1998, some more than once a year, due to insecurity caused by armed groups including Mai Mai, FDLR, and FARDC (reftel). While there were ongoing pockets of insecurity in some areas, most of Shabunda and Mwenga territories were observed to be relatively calm over the past year and most displaced residents have returned. However, security has greatly deteriorated in the northern

parts of the territories. This insecurity is caused by retreating FDLR and Mai Mai elements fleeing MONUC/FARDC forces in Bunyakiri and Kalonge in the territory of Kalehe. As a result, many villages in northern Shabunda and Mwenga are reported to be abandoned. Although the number of these new IDPs has not yet been determined, humanitarian actors in the areas believe it to be over 30,000.

Malnutrition

¶4. (U) Although reliable statistics on malnutrition in the Shabunda and Mwenga territories do not exist, Doctors Without Borders - Holland (MSF-H) has estimated the rates in Shabunda health zone (HZ) for children under 5 years at more than 15% for global acute malnutrition and around 5% for severe acute cases. The senior physician of Kamituga hospital believes the rates in Mwenga territory to be even higher.

¶5. (U) Making the situation worse, malnutrition, which was virtually unknown in these territories before the war, is associated with extreme poverty. Many mothers of malnourished children are ashamed of their situation and therefore reluctant to seek medical help, a situation humanitarians in the area have confirmed. Many residents of Mwenga and Shabunda, however, said to OFDA Rep that public perceptions are gradually changing as they see children in villages dying from malnutrition. As a result, willingness to bring children in for treatment is increasing and it is now not uncommon in the territories for mothers to travel as far as 70 miles to seek

KINSHASA 00000653 002 OF 003

assistance for their malnourished children.

¶6. (U) Both Shabunda and Mwenga have a feeding therapeutic nutritional center (FTNC) at the general reference hospital. The FTNC in Shabunda is supported by MSF-H while that of Mwenga, which is in Kamituga town, receives support from CARITAS. The FTNC in Shabunda registers on average 50 new cases every month and that of Kamituga receives 20 to 25 new malnutrition cases per month. Due to their limited capacity, both FTNCs said that they periodically have to turn away moderate cases and accept only the most severe cases.

FHI's Food Security Activities

¶7. (U) FHI's food security activities in Shabunda and Mwenga territories target IDPs, returnees, households with malnourished children, and female victims of rape. The program started in 2003 and has been assisting over 50,000 beneficiaries yearly per territory. FHI distributes basic agricultural inputs including seeds and tools, and provides basic training in vegetable crop production to families of children admitted to the therapeutic feeding centers.

¶8. (U) Beneficiaries of the program received seeds through either direct distributions or seed fairs. Direct distributions were conducted in areas with limited seeds available that have known multiple displacements. Seed fairs, on the other hand, were conducted in areas that had previously benefited from the program and have started producing their own seeds, but still have returnees or IDPs not covered by previous distributions. FHI favors seed fairs as they appear to stimulate the local economy as new beneficiaries purchase seeds from local producers.

¶9. (U) FHI initiated seed multiplication and fish production programs with community-based organizations

(CBO). These programs are designed to ensure that seeds and fingerlings are available after the end of the program. In these programs, seeds, tools, and fish are provided to CBOs after they have received training in seed multiplication procedures and fish production management. In 2005, FHI provided assistance to 20 CBOs in seed multiplication and to 4 CBOs in fish production per territory.

¶10. (U) With the promotion both of fish farming and the planting of high-protein crops (including soybeans, peanuts and beans), FHI hopes to contribute to the reduction of malnutrition in the area. FHI also distributes a breeding pair of guinea pigs to families with malnourished children after they have been discharged from the FTNC to start small animal husbandry programs at home. It is expected that guinea pigs will constitute a valuable source of animal protein to the family.

Program Implementation Challenges

¶11. (U) Bean seeds distributed by FHI failed to grow in some areas of the territories, frustrating beneficiaries who felt that they wasted their energy to prepare the fields. However, other areas visited by OFDA Rep that also received the same seeds had flourishing bean fields. This raises the question of variety adaptation in this vast program area.

¶12. (U) The program also experienced a very low planting rate of seeds as the beneficiaries ate most seeds distributed. In some areas, many households planted only 2 kg of peanuts out of 10 kg of seeds received and 1 kg of beans out of 5 kg of seeds received. This was because seeds were distributed without seed protection food packages at a time when beneficiaries had little to eat. According to FHI, WFP was reluctant to provide seed protection packages due to the high transport cost

KINSHASA 00000653 003 OF 003

involved. Shabunda and Mwenga are both accessible only by plane and have limited capacity airstrips.

New Challenges and Household Food Stocks

¶13. (U) Cassava tubers are, by far, the most important food for the majority of rural households and returnees in DRC. In this regard, cassava production is the first activity most returnees of Mwenga and Shabunda reestablish upon their arriving back in their villages. Unfortunately, many returning households complain of a widespread infestation of cassava crops by the cassava mosaic disease. Because of the disease, many households have abandoned their fields. The abandoned cassava fields visited by OFDA Rep were planted over six months ago, but had only a few standing plants with no leaves left. Under such conditions, no production can be expected from these fields. The situation worries most of the villagers who requested emergency assistance from OFDA in increasing their access to disease-resistant cassava varieties.

¶14. (U) Banana, another important crop in the diet of the population of Mwenga and Shabunda, is also attacked by a disease not yet scientifically identified. FHI's staff in the field said that the problem has spread throughout program areas. According to recent returnees, the disease kills infected plants within a month after symptoms appear. They indicated that the disease was not present in the area when they first fled in 1998, but dead and sick plants were observed in villages when people began returning in 2003. Although people are concerned about the problem, the banana disease is not considered by most

households as serious a threat to their food security as cassava mosaic virus.

¶15. (U) March is normally the end of the major crop harvesting period in the area and the time when household food stocks are the highest. However, only a few households visited by the OFDA Rep had significant stocks of food and seeds. Many attributed the lack of food stocks to looting of their crops during one of their last displacements. Others simply did not plant in the previous agricultural season because of insecurity in the fields or lack of seeds.

Observations and Recommendations

¶16. (U) Although FHI has contributed to the improvement of food security of returnees in southern Shabunda and Mwenga territories through the USAID/OFDA-funded program, the work in northern parts of the territories is far from complete. Many households continue to be displaced and to abandon their agricultural fields.

¶17. (U) OFDA Rep suggested to the technical staff of FHI that area-specific agro-ecological conditions within the territory be carefully considered when selecting seeds for distribution. To reduce seed consumption when lacking seed protection packages, OFDA Rep recommended distributing the quantity of seeds based on the size of the field prepared by households. This would require that agricultural tool distribution occur long before that of seed distribution to allow sufficient time for field preparation.

¶18. (U) Future food security assistance projects in Shabunda and Mwenga need to consider among program priorities the distribution of disease-resistant cassava varieties. This highlights the need for coordination with the USAID-funded program on the multiplication and distribution of mosaic resistant cassava varieties implemented by the South Eastern Consortium for International Development (SECID) in the DRC, which USAID will explore.
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